EAP Policies and Procedures for OBP
Effective February 2007

A. Clinical Services:

EAP Counselors shall provide EAP services such as assessment, short-term brief solution focused counseling or referral for longer term care services to all employees and family members of the Office of border Patrol (OBP). HHSG EAP counseling services follow a brief solution focused model with only three to six sessions available. Counseling services are limited as follows:

1. **Session Time Limits** – Initial assessment sessions shall be between 60 to 90 minutes in duration. Short-term counseling sessions shall be between 50 to 60 minutes in duration. Sessions lasting outside of the prescribed session time limit may not be approved for reimbursement under this contract.

2. **Session Authorization** – HHSG can only authorize three (3) sessions per case. EAP counselors should determine the client's needs for long term care or brief solution focused counseling within the first two sessions. Authorized sessions and time limits are shown in the clinician's referral letter. EAP counselors may not provide more sessions or hours than those initially authorized. If the clinician determines that the employee needs long term care, after the initial assessment session, or no later than the second session, he or she will use the remaining sessions to refer the employee to a local mental health service provider covered by the client's medical insurance. It is expected that assessment, diagnosis, and referral of employees requiring long-term intervention will not exceed 3 sessions. For example, employees and family members seeking services for marital counseling may require more than six sessions to resolve current issues and may need to be transitioned to a marriage counselor for longer term care. Employees and family members presenting with any condition, which upon clinical evaluation is determined to require long term or intensive treatment, must be referred to a local mental health service provider covered by their medical insurance. The goal of EAP counseling in these types of cases is to help the employee find the right resource to enter therapy. The EAP counselor may request additional sessions if necessary to help the client from harmful disintegration pending the availability of local mental health provider.

   a. Extensions Up To Six Sessions. If an EAP counselor can resolve the employee's problem in six sessions and close the case, he or she can request three (3) additional sessions. Requests for additional sessions by the EAP counselor must be properly justified and clearly demonstrate that the client's problem can be resolved within the number of sessions authorized. The EAP counselor will close the case and formally discharge the client from the EAP after completing all authorized sessions.
   For example, the type of problems most likely to be resolved within a six session brief solution focused counseling model include:
   - DSM-IV "V Codes"
   - "Adjustment Disorders with a high level of functioning (70=)" with mild symptoms related to job stress, management-employee conflict, trauma related acute distress, or other psychosocial or environmental problem.

Requests for extensions up to six sessions must be submitted to HHSG using Form 5, (Authorization to Extend Sessions), as soon as the clinician become aware of their need, but no later than after the second session. HHSG will review and approve or disapprove the request. This procedure may take 3-6 days. Under no circumstance should the EAP counselor deliver services prior to receiving written authorization from HHSG. EAP counselors can not assume that all requests for additional sessions will be approved or that the number of sessions requested will be approved in full. In crisis or acute distress, and life endangering situations the EAP counselor may call HHSG for verbal approval of additional sessions. Sessions conducted without authorization may not be approved for reimbursement under this contract.

b. Extensions Beyond Six Sessions Limit – In unusual circumstances, the EAP counselor may seek additional sessions beyond the six-session limit The EAP Counselor must provide written justification, within three (3) business days to the request, to HHSG who will submit the request to the CBP EAP Administrator/COTR for approval to deliver services beyond the six-session limit. The COTR shall approve or disapprove such requests in writing within three (3) business days of receipt.

3. **Clinician Self-Referral** –EAP counselors, are not authorized to enter into a private counseling relationship with clients referred to them through the government sponsored EAP. In rare situations, e.g. an isolated geographical location that has limited counseling resources, or under clinical circumstances where the loss of continuity may harm the client; an EAP counselor may request a waiver to continue with the client (at the client's expense). The contractor shall notify HHSG of the request for "self-referral" and justification in writing. HHSG will submit the request to the CBP COTR within two (2) business days of the request. CBP COTR shall approve or disapprove such requests in writing within three (3) business days of receipt. EAP counselors who enter into private counseling arrangements with EAP clients without a waiver shall not be eligible for further referrals through this contract.

4. **Case Numbers** – Case numbers have been changed to include an identifying code for each case to indicate whether the client is an employee, family member, or both. For example case numbers can be a series of numerical digits with an E for employee, FM for family member and E/EM for both. When preparing your billing documents the clinician must make sure that he or she include the proper identifying code with the case number.

5. **EAP Case Management Forms** – Three forms have been changed to reflect new requirements under this contract.

   Form 1, Statement of Understanding and Consent is changed to reflect the current EAP Administrator/COTAR for this contract and disclosure of information to the agency. EAP counselors must insure that all clients referred read and sign the consent form prior to providing services. Form 1 must be submitted to HHSG with the EAP counselor's bill for the first session. In situations where the client refused to sign the consent form the clinician will

cancel the appointments and report the cancellation to HHSG. Copies of Form 1 are included with these instructions.

Form 5, Authorization to Extend Sessions has been charged to reflect current contract requirements. Copies of this form are included in this package.

Form 6, Receipt for Services Rendered is changed to include the clients printed name and reflect the agencies served by the EAP. These forms are enclosed for immediate use by EAP counselors. EAP counselors are encouraged to retain one set of original forms to copy when the clinician is running out of forms. HHSG has been required to Insure that counselors include the date of referral, authorization number for extended session, case number and whether that session is the last session or not.

6. Travel – EAP counselors shall not be reimbursed for travel without authorization from HHSG. In cases of emergency response for critical incidents, the EAP counselor must contact HHSG telephonically to report the incident, who contacted the EAP counselor and the urgency for response. HHSG will contact and brief the EAP Administrator/COTR or the Nationwide Boarder Patrol Peer Support Coordinator for authorization to travel.

B. Invoicing

EAP counselors shall invoice HHSG on a monthly basis for **all services rendered and costs incurred during the month.**

1 Invoice – The EAP counselor will submit a monthly invoice that includes the Receipt for Services Rendered signed by the client, case number with identifier code (E or FM), authorization code for extended sessions, date of referral, session number, hours used, progress notes, whether it is the last session or not and the clients printed name. EAP counselors will submit one Receipt for Services Rendered for every client session used during the month.

2 Invoice Due Date – The invoice is due to HHSG within fifteen (15) calendar days after the end of each month.

3 Supporting Documentation for Travel. – The EAP counselor shall submit supporting documentation to verify all travel costs and indicating the purpose for travel, dates of travel, location and total travel expense for each trip.

4 EAP counselors must comply with the following billing instructions to ensure their invoices are included in the monthly billing cycle.

HHSG - Billing Procedures

A. Overview Of Billing Forms

Thank you for joining Health & Human Services Group Employee Assistance program. We appreciate your services and would like to welcome you to our network. As each client contacts the HHSG EAP an explanation of benefits is explained. We provide the client with a case number, i.e. 060115, at the time of the initial contact and remind the client to inform the provider of their employment with OBP as well as to furnish the provider with the case number.

HHSG understands that each provider may have different billing procedures or cycles. HHSG leave I to the provider's discretion to either bill as the client is seen or to bill for all session at once after the discharge of the client. HHSG may deliver payment of billed services up to 90 days of receipt of billing OBP payment schedule. In order to provide prompt payment of services; pleas follow the guidelines explained below.

1) **Form 1: Statement of Understanding**
This form explains the customary procedures for confidentiality, eligibility and follows up. This form is only necessary for the first session with each client and must be signed by the client at that time. Please send this form along with your first billing.

2) **Receipt for Services Rendered**
This form is a brief description of the session and treatment plan. For billing purposes, this form must be **signed by the client for each session**. Please submit either a HCFA form or your billing statement with the Receipt for Services Rendered. **If this form and billing is not submitted we cannot make any payment for services billed. Sections pertaining to the specific Service Rendered must b completed.**

3) **Form 7: Admission/Discharge Form**
Please complete the top half of the Admission/Discharge form at the initial session and complete the form after the final session with your client**. Include this complete form with your last billing for each client.**

4) **Form 5: Authorization to Extend EAP Sessions**
Each client may be provided up to 6 sessions per clinical episode per calendar year. Following the third session, **the clinician may determine that an additional 3 sessions may be necessary to assist the client.** Please do not ask the client to call and request additional session. FAX or mail the Form 5 Authorization to Extend EAP Sessions to HHSG and we will review the case to determine if additional sessions are needed. If additional sessions are authorized we will process your request and either FAX or mail it back to you.

B. Forms and Billing Procedures

Send all forms and you bills to the above address

During the initial Session have the client sign Form 1 Statement of Understanding.

Have Client sign Form 6 – Receipt for Services Rendered for each counseling session.

Complete Form 7 – Admission/Discharge after delivering all authorized session.

Client will be authorized 3 sessions initially. If additional sessions are required you must complete Form 5 – Authorization to Extend EAP Sessions and submit by Fax or mail to the above address. An additional 3 Sessions can be authorized by the agency's EAP Manager in Washington DC. It takes approximately 3 days form your submission to receive and approval. You can not see the client until the extension is approved.

C. Billing-Invoice

Billing can be submitted on Form HCFA-1500 or your own billing stationary. Please Insure that the client's case number is included in Block 11 of the HCFA-1500 or on your own billing stationary.

Form 6 – Receipt for Services Rendered must be signed by the client for each counseling session. Sections pertaining to the specific Service Rendered e.g. EAPO Clinical, Critical Incident Trauma services, etc. must be completed. Other items that must be completed include, date client was referred, extension control #, and Section # 5. The current turn around time for payment is **90 days from the day the agency receives the bill.**

5. Training Billing

All Employees Assistance Program Training is schedule by HHSG and must be approved by OBP Headquarters. All hours used for training such as preparation, classroom and travel time and other expenses must be approved prior to training date.

a. Form 6: Receipt for Service Rendered

This form is used for a brief description of services provided. For billing purposes, this form must be signed by an official at the debriefing location or the client at the time of the training.

All items in Item 4 must be completed if they apply. If a privately owned vehicle is used enter the, to and from, locations with the total mileage driven. **For billing all time such as preparation, training, travel hours, travel cost and mileage must be documented on the Receipt for Services Rendered.**

All class room sign in sheets and Training Evaluation Forms USOBP Form 10 must be forwarded with billing.

b. Training Travel

The following applies if expenses are claimed for the training.

A Travel Voucher Standard Form 1012 must be completed to claim any expenses as a result of the training. If this form is not available contact HHSG and we will either Fax or FedEx you the form.

The following Travel Management Policy applies to **all travel:**

Reimbursement for meals and lodging is **not authorized if travel is for 12 hours or less.**

Receipts to substantiate claimed travel expenses must be provided for the following: lodging and for any authorized expenses incurred costing over $75.00, or a reason why you are unable to provide the necessary receipts.

Per Diem or actual expense entitlement starts on the day you depart your home, office, or other authorized point and ends on the day you return to your home, office or other authorized point.

Temporary duty locations determine maximum per diem reimbursement rates. If you arrive at your lodging location after 12 midnight, you claim lodging cost for the preceding calendar day. If no lodging is required, the applicable M&IE reimbursement rate is the rate for the temporary duty location

What allowance is paid for M&IE?

More than 12 but less than 24 hours	75 percent of the applicable M&IE Rate
24 Hours or more, on: Day of departure	75 percent of the applicable M&IE Rate
Full days of travel	100 percent of the applicable M&IE Rate
The last day of travel	75 percent of the applicable M&IE Rate

c. Recording departure/arrival dates and times on travel claims:

You must record the date of departure from, and arrival at, the official station or any other place travel begins or ends. You must show this information for points where you perform temporary duty or for a stopover or official rest stop location when the arrival or departure affects your per diem allowance or other travel expense. You should show the dates for other points visited. You do not have to record departure, arrival times, but you must annotate your travel claim when your travel is more **than 12 hours but not exceeding 24 hours to reflect that fact.**

d. Privately Owned Vehicles Mileage Reimbursement:

Rate for use of privately owned vehicle is **37.5 cents per mile**, Motorcycle 28.0 cents per mile, Airplane 97.5 cents per mile. Document all miles on travel voucher.